PRINTED: 12/01/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	JLTIPLE CONSTRUCTIO	(X3) DATE SURVEY COMPLETED		
		09G056	B. WIN	<del>-</del>			C 8/2008
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CIT 1321 EMERSON ST WASHINGTON, D	REET NW	1	0/2000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT FAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	ГЅ	w	00			
	18, 2008. The Plar the facility on July 2 for this monitoring s providing services a various disabilities.	y was conducted on November of Correction submitted by 14, 2008 served as the focus survey. The facility was and supports for five men with Two of the original four re reviewed, with a third new		;	t.		
W 104	observations, intervalue the home, as well a administrative record 483.410(a)(1) GOV	survey were based on riews with staff and clients in s a review of client and rds, including incident reports. ERNING BODY  / must exercise general policy, ng direction over the facility.	W 1	GOVERNMËN DE 04 HEALTH F 825 NORTH	CEIVEL 13/14 IT OF THE DISTRICT ( EPARTMENT OF HEAL REGULATION ADMINI H CAPITOL ST., N.E., 2 ASHINGTON, D.C. 200	OF COLUMBI .TH STRATION 2ND FLOOR	<b>A</b>
	Based on observati record review, the fiprovided general or the following areas:  The findings included the following areas:  The findings included the fi	e: /252.2, W322.3.a. and rerning body failed to establish ssurance system to ensure lental Retardation Professional					
ABORATOR'	implementation of control cont	and coordinated the clients' behavior support plans. ad desensitization plans use their tolerance of medical re was no evidence, however, no the LPN responsible for the LPN r	NATURE	T. J.	ITLE	,	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DA	ATE SU MPLE	
		09G056	B. WING _				C B/2008
NAME OF F	PROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CO 1321 EMERSON STREET NW NASHINGTON, DC 20011	··		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	E	(X5) COMPLETION DATE
W 159	training on correct programs.  It should be noted to evidence in both of facility attempted to recent medical app documented the imdesensitization plant.  2. Cross-refer to Was failed to establish a system to ensure the health care services and LPN, and review revealed that he rejevaluations and treinterdisciplinary tea which the facility should be interested by the usstrategies, to the usstrategies, such as appropriate physicial consent from the cliphad not been implemedical needs were as Cross-refer to Was failed to ensure that outlined in the facility Correction were implementation compliance control standards.  483.430(a) QUALIF RETARDATION Prograted, coordination condinations actives integrated, coordinations.	hat there was documented the clients' records that the use drugs to sedate them for cointments, without first having plementation of their is.  /322.2. The governing body internal quality assurance for the client #2 received needed is. Interview with the QMRP with the client's records, coeatedly refused medical eatment. The client's implementation and written ent's orders and written ent's sister), those procedures mented, and the client's ent being met timely.  /455. The governing body the corrective strategies by ally 24, 2008 Plan of colemented to reach and e with infection prevention and infection prevention and infection prevention and infection prevention and ited mental program must be ted and monitored by a	W 159	W 104.1 Staff have been re-tron implementation of #1's and client #2's desensitization plans The administration (governing body) has place a monthly tract form consistent with implementation of the desensitization plans clients #1 and #2. Pleattached.  Tracking of the implementation of the desensitization plans be done monthly by the administration to ensity administration to ensity administration to ensity 104.2 Cross reference W10 W 104.2 Cross reference W45	s put in king le for ease see will the sure	sheet	12.31.08
JRM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: CPUS11	Fac	cility ID: 09G056	continuation	sneet	Page 2 of 17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			132	ET ADDRESS, CITY, STATE, ZIP ( 1 EMERSON STREET NW SHINGTON, DC 20011	•	10,2000	
(X4) ID PREFIX TAG			ID PREFI TAG	i .	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 159	This STANDARD is Based on interview Qualified Mental Re	ge 2 ardation professional. s not met as evidenced by: and record review, the stardation Professional cordinate and monitor	W 1	59	-	,	,	
	programs and servicelients in the sample. The findings includes 1. Cross-refer to Wensure that staff con #1's targeted malad accordance with his 2. Cross-refer to Wensure and coordin Client #1's behavior	ces, for two of the three e. (Clients #2 and #3) e:  252.1. The QMRP failed to esistently documented Client aptive behaviors, in behavior support plan.  252.2. The QMRP failed to ate the implementation of support plan/ desensitization oped to decrease his agitation			W 159.1 Cross reference W2 W 159.2 Cross reference W2 W 159.3 Cross reference W3	252.2		
	facilitate a coordinate approach to meet C In addition, the QMF coordinate the imple behavior support plawas developed to demedical appointment. The QMRP failed Nutritionist consultate	I to enlist the services of the nt after Client #3 was ey disease to ensure that his						
	On November 18, 20	008, beginning at 1:53 PM, physician's orders (POs) and						

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W 159	care physician (PC Lithium Carbonate 600 mg every even 2008. At approximathe QMRP revealed was discontinued a recommendation consultation forms first evaluated on Machael serum creatinine le nephrologist on Selhe was diagnosed in nephrologist recommendation. September 3, 2008 communicated the psychiatrist and print At approximately 3: lab reports confirmed levels were elevated by 1,23/08 1.8 high (1-2/11/08 1.6 high 6/12/08 1.7 high In addition, the nephroport identified elemand 2008. On March 30 documented a 1st 0 update reflected his including a finely cholesterol foods to	rds revealed that his primary P) discontinued his prescribed (300 mg every morning and ing), effective September 3, ately 2:35 PM, interview with a that the Lithium Carbonate fter a nephrologist made the At 2:47 PM, review of revealed that Client #3 was lay 7, 2008 due to elevated vels. He returned to the otember 3, 2008, at which time with renal disease. The mended discontinuing the tion. According to the telephone order, the LPN recommendation with the mary care physician.  On PM, review of Client #3's ed that his serum creatinine d as follows: reference: 0.7 - 1.4 mg/dl)  Prologist's September 3, 2008 vated creatinine tests on May nber 3, 2008.  of Client #3's nutrition records evaluation dated January 3, 2008, the nutritionist had Quarter Nutrition Update. The congoing therapeutic diet, opped texture and low address elevated serum The report also reflected an	W 1		W 159.4 The nutritionist has evaluated client #3 in relation to the renal disease. Please see herewith. The administration will conduct quarterly review of habilitation records to ensure that all needed assessments are completed in a timely manner.	D	12.16.08

NAME OF PROVIDER OR SUPPLIER  COMP CARE I I  CASHO  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 159  Continued From page 4  At approximately 4:35 PM, the QMRP examined Client #3's medical chart and confirmed that the most recent nutrition report was dated March 30, 2008. He indicated the nutritionish had conducted more recent quarterly reviews. Both he and the LPN Coordinator, who was present at the time, stated that the nutritionish had conducted more recent quarterly reviews. Both he and the purplement. However, confirm the purpose of her visit.  W 193  It should be noted that at approximately 5:45 PM, the QMRP looked at the nutritionish that conducted more recent quarterly reviews. Both he and the LPN Coordinator, who was present at the time, stated that the nutritionish rad combine the state of the two visitor's log book and stated that the nutritionish that concern the facility in July 2008 (date not specified). He could not, however, confirm the purpose of her visit.  W 193  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to ensure that the LPN Coordinator received training on implementation of the Behavior Support Plan (BSP) for one of the three clients in the sample. (Client #2)  The finding includes:  Cross-refer to W332.3. On November 18, 2008, review of Client *2's medical records revealed that the refused to copperate with lab technicians	NAME OF PROVIDER OR SUPPLIER  COMP CARE II    (M4) ID   PREFIX   PROVIDER OR SUPPLIED   PREFIX   PROVIDER SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PROVIDER'S HAN OF CORRECTION   PREFIX   PROVIDER'S HAN OF CORRECTION   CROSS-REFERENCE OF STRUCK   CROSS-REFERENCE OF STRUCK	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
ISTREET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW WASHINGTON, DC 20011  PREFIX TAG  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PUIL TAGS)  RESULATORY OR LSC (DEVINFYING INFORMATION)  W 159  Continued From page 4  At approximately 4:35 PM, the QMRP examined Client #3's medical chart and confirmed that the most recent nutrition report was dated March 30, 2008. He indicated the nutritionist had conducted more recent quarterly reviews. Both he and the LPN Coordinator, who was present at the time, stated that the nutritionist had been there "several times" since March. However, further review of the record falled to show evidence that the nutritionist had evaluated Client #3 within the past 7 1/2 months, including since his diagnosed renal disease in September, to determine what, if any, dietary changes might be indicated.  It should be noted that at approximately 5:45 PM, the QMRP looked at the visitor's log book and stated that the nutritionist had come to the facility in July 2008 (date not specified). He could not, however, confirm the purpose of her visit.  W 193  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to ensure that the LPN Coordinator received training on implementation of the Behavior Support Plan (BSP) for one of the three clients in the sample. (Client #2)  The finding includes:  Cross-refer to W332.3. On November 18, 2008, review of Client #2's medical records revealed that he refused to copperate with lab technicians	NAME OF PROVIDER OR SUPPLIER  COMP CARE I I  DOTATION OF COMP CARE I I  DOTATION OF COMPICIANCES (FACH DEFICIENCY)  SUMMARY STATEMENT OF DEFICIENCES (FACH DEFICIENCY)  PREFEX (FACH DEFICIENCY) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 159  Continued From page 4  At approximately 4:35 PM, the GMRP examined Client #3's medical chart and confirmed that the most recent nutrition report was dated March 30, 2008. He indicated the nutritionist had conducted more recent quarterly reviews. Both he and the LPN Coordinator, who was present at the time, stated that the nutritionist had been there "several times" since March. However, further review of the record failed to show evidence that the nutritionist had evaluated Client #3 within the past 7 1/2 months, including since his diagnosed renal disease in September, to determine what, if any, dietary changes might be indicated.  It should be noted that at approximately 5:45 PM, the GMRP looked at the visitor's log book and stated that the nutritionist had come to the facility in July 2008 (date not specified). He could not, however, confirm the purpose of her visit.  W 193  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to ensure that the LPN Coordinator received training on implementation of the Behavior Support Plan (BSP) for one of the three clients in the sample. (Client #2)			09G056					
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The state of the s	review of Client #2's medical records revealed	W 193	At approximately 4: Client #3's medical most recent nutrition 2008. He indicated more recent quarter LPN Coordinator, with stated that the nutritimes" since March. The record failed to nutritionist had eval 7 1/2 months, included is as a september of the QMRP looked a stated that the nutrition July 2008 (date in however, confirm the 483.430(e)(3) STAF Staff must be able to techniques necessate to manage the inapper of the Behavior Supthree clients in the september of Coordinator receive of the Behavior Supthree clients in the september of Client #2's that he refused to coordinate the september of Client #2's that he refuse	35 PM, the QMRP examined chart and confirmed that the report was dated March 30, the nutritionist had conducted by reviews. Both he and the sho was present at the time, tionist had been there "several However, further review of show evidence that the uated Client #3 within the past ding since his diagnosed renalmer, to determine what, if any, ght be indicated.  That at approximately 5:45 PM, at the visitor's log book and tionist had come to the facility of specified). He could not, the purpose of her visit. F TRAINING PROGRAM of demonstrate the skills and the training on implementation port Plan (BSP) for one of the sample. (Client #2)					

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	,	09G056	B. WING			C <b>8/2008</b>
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	his refusing to coop professionals. The Behavior Support P 2007, to address the desensitization strated and recommended desensitization measurements and recommended desensitization during the At 4:53 PM, the fact was designated to appointments and variable desensitization during the cooperate with measurements and variable desensitization asked whether the written desensitization was unsure and she QMRP. There was and/or psychologist BSP and/or the desoutlined in the plane evidence that the faredesensitization measurements and the faredesensitization measurements. The plane of the control of the con	documented a long history of perate with medical psychologist developed a lan (BSP), dated November 8, is need. The BSP outlined tegies to elicit his cooperation the use of sedation if the asures did not "decrease se procedures."	W 193	W 193 The LPN has been train on implementation of the BSPs and desensitization plans for clients #1 and the administration will conduct monthly audits the implementation of interventions specified the BSPs and desensitization plans for clients #1 &2.	he on #2. l s of	12.15.08
		s not met as evidenced by: on and record review, the				
				<u> </u>		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 252	accordance with the (BSPs), for two of the (BSPs), for two of the (Clients #1 and #2). The findings included 1. On November 1 observed in the fact AM. At approximate him to take a calciurefused to take it at She followed him in eventually took the approximately 8:46 reached for the calchad spit out onto the Client #1 yelled at he direction. A momentowards her again as began escorting him approximately 8:55 aide when she approximately 8:55 aide when she approximately 8:55 aide when she approximately 10 Retardation Profess Client #1's behavior there being a visitor At 11:37 AM, review revealed a behavior October 14, 2007, to behaviors, including and slapping himse instructions to docutargeted behavior of the client with the control of the client with the control of the client with the clie	ument behavior data in e behavior support plans he three clients in the sample.  e:  8, 2008, Client #1 was illity between 7:58 AM - 9:07 rely 8:43 AM, the LPN asked im tablet. He yelled at her, nd stormed out of the kitchen. nto the living room, where he tablet with water. At AM, a direct support staff cium tablet, which the client he floor. As she reached down, her and swung his fist in her nt later, he directed his fist and objected loudly as she m from the room. At AM, he yelled at the driver's roached him. As they entered he slapped his head, making a d.  0:45 AM, the Qualified Mental sional (QMRP) indicated that r that morning was due to	W 252				

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W 252	behaviors he display was not data indicated shift. [Note: Staff of documented "no be mornings.]  2. On November 1 AM, review of Client revealed that he free with medical profest developed a Behave October 31, 2007, to outlined desensitized cooperation and respectation if the desensed agitation Further review of the #1:  - was uncooperative vision appointment;  - refused to cooperative vi	ailed to document the targeted yed earlier that day. There ted for the 10 PM ~ 8:30 AM on that same shift had havior" on the two previous 8, 2008, beginning at 10:48 t #1's medical records quently refused to cooperate sionals. The psychologist had for Support Plan (BSP), dated to address this need. The BSP ation strategies to elicit his commended the use of ensitization measures did not during these procedures." the record revealed that Client the on a December 21, 2007 attempt an attempt February at a PPD test; attempt and the audiologist on July attempt the audiologist on the au	W 252	W 252.1 The overnight shift stal have been trained on contact #1's behavior support and data collection. Emphasis of the training was consistency in behavior data collection.  W 252.2 Cross reference W104.	lient plan ng avior	12.15.08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	evidence in both Clithe facility proceeds to sedate them for rwithout first having implementation of the 483.460(a)(3) PHYS. The facility must progeneral medical car. This STANDARD is Based on interview records, the facility and general medical timely appointments three clients in the standard ensure Client #3's defollowing a diagnosi.  1. Cross-refer to W secure an updated information for Client process as recommon to the facility failed information for Client specialists as recommon November 18, 2 PM, review of Client revealed a consultate 2008, on which the	hat there was documented ient #1's and #2's records that ed with attempts to use drugs recent medical appointments, documented the heir desensitization plans. SICIAN SERVICES ovide or obtain preventive and recent medical preventive and recent medical failed to ensure preventive and failed to ensure sand follow-up, for two of the sample. (Clients #2 and #3)	W 322	Sedation was used after client#1 and #2 had restored to comply with three medical appointments missed medical appointments are outliby the surveyor in Tag W252.2.	efused s. The lined g lusing ve the lined lusing lusing ve	

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NAME OF P	ROVIDER OR SUPPLIER		132	ET ADDRESS, CITY, STATE, ZIP CODE 11 EMERSON STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	This is a repeat def  ***********************************	client had been seen by a 2008.]  iciency.  **********  une 12, 2008 Federal the facility was cited for failure ngs/results of "liver function ening and CAT scan of st" to a gastro-intestinal 7, 2008. The G-I specialist evaluation could not proceed tion. Similarly, on February pecialist had indicated that the assessed due to "old he facility submitted a Plan of g that as of July 1, 2008, the lace a flow sheet which will be atory results and	W 322	W 322.1 The nutritionist has updated client #3's nutritional assessments. Please see attached. W 322.2 Client #3's lab work was attached to his urologist consult when the client let the facility for the appointment.  The facility was shocked learn that the urologist his mentioned 'no lab work attached.' On the medical consult form are emergency contact numbers for the QMRP and RN. It is expected the in an emergency situation such as the above, the consulting office would exto request the needed iter.  The urologist's office did not contact the QMRP, neither the RN about the missing labs.	to ad l at n	12.15.08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G056	B. WII				C <b>8/2008</b>
NAME OF F	PROVIDER OR SUPPLIER		<del> </del>	1	REET ADDRESS, CITY, STATE, ZIP CODE 321 EMERSON STREET NW VASHINGTON, DC 20011	, ,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 322	medical records revice cooperate with lab of attempts to obtain a record documented to cooperate with mysychologist develor (BSP), dated Noverneed. The BSP cite cooperate with a variancluding but not lime 2007, January 30, 2007, January 30, 2007, January 30, 2007, January 30, 2008, the podiatrist on Not desensitization strated and recommended desensitization measurement the QMRP stated through the QMRP stated through the complement the desermand uncooper. Continued review of revealed the following at Client #1's recomming the following at Client #1's recomming the following at the following at the following that time, how documented attempts trategies as outlined by Client #2 was disfor which he was professionally as well as Calcium a regimen. The endometabolic panel, and	realed that he refused to rechnicians on numerous a blood sample. The client's a long history of his refusing redical professionals. The sped a Behavior Support Plan mber 8, 2007, to address this ed the client's refusal to riety of medical professionals, nited to labs on January 18, 2007 and June 14, 2007, and vember 12, 2007. It outlined tegies to elicit his cooperation the use of sedation if the asures did not "decrease se procedures." At 5:00 PM, nat sedation would only be adocumented attempts to ensitization plan and the client reative.  If Client #2's medical records and documented one attempt to desensitization plan 7, in-home podiatry care). Wever, there were no sets to implement the written and in the plan.	<b>W</b> :	322	W 322.3a Cross reference W104.1		
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: CPUS1	1	Fac	cility ID: 09G056 If contin	nuation sheet	Page 11 of 17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	j	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G056	B. WI	NG	·	C 11/18/2008		
NAME OF PRO	OVIDER OR SUPPLIER		······································	132	ET ADDRESS, CITY, STATE, ZIP CO 11 EMERSON STREET NW ASHINGTON, DC 20011		710,2008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
tie a e ir o 2 It e fo N	5, 2008, the client rattempts to obtain a evidence, however, implemented the deputlined in his BSP, 2008 recertification as should be noted the indocrinologist war blowember 18, 2008 and not been achieved by visits scheduled	18, July 24, 2008 and August efused to cooperate with a blood sample. There was no that the facility had esensitization measures including since the June 12, survey.  That on July 7, 2008, the sted Client #2 scheduled for a cent in 6 months. As of st, the recommended lab work wed, and there were no future to date.	W	322	W 322.b Client # 2 was taker complete lab work of 12/15/08 but did no comply. Please see attached.  The facility will atted to labs one more timbefore sedation is considered.	empt to	12.30.08	
w a c th of as w Q ar Bi oc to fo re	ras designated to seppointments and ward daily basis, confirments and ward daily basis, confirments are with mediated the primary care of the client's history sked whether the pritten desensitization as unsure and she MRP. There was and/or psychologist SP and/or the desentioned in the plan.  At 5:02 PM, the Cated June 24, 2006 fused to authorize the letter, however a request (denied urther review of corms that were filed vealed the following the pointments.	who worked with the clients on med that Client #2 refused to ical professionals. She stated to physician (PCP) was aware of refusals. However, when esychologist had developed a con plan, she stated that she erferred this surveyor to the no evidence that the QMRP had trained the LPN on the ensitization strategies as QMRP stated that in a letter she that the mother and sister had invasive procedures. Review or, revealed that it was specific to perform a colonoscopy. Trespondences and consent in the client's record, ng:			W 322.c Cross reference 104.  W 322.d The facility will imp the desensitization p and request consent sedation after three episodes of noncom	lement lan for	01-10-09	
re - £	vealed the following	ng: ned by the sister on				79 ************************************		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G056	A. BUILDING B. WING	·	С	
NAME OF F	PROVIDER OR SUPPLIER	09000	STRI	EET ADDRESS, CITY, STATE, ZIP CODE	11/18/2008	
СОМРС	ARE I I		13	21 EMERSON STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLÉTIO	)N
W 322	December 16, 2007  - a consent form sig 2006 for the use of medical evaluations - a consent form sig 14, 2008 authorizing to an August 18, 20 There were no other review.  When queried about form, the QMRP staffrom another facility agency to this facility e. At 5:22 PM, the Client #2 was sedat appointment. Howe client's August 2008 Record (MAR) and acknowledged that evidence he was se PM, the QMRP confurther attempts to paugust 6, 2008.  f. At approximately revealed a consultation which the podiatricare, and he "needs 14, 2008, the PCP is Ativan 2 mg prior to appointment and on 2008) his sister authougust 18, 2008, ho that the podiatrist care.	for podiatry care; gned by the sister on	W 322	W 322.e Cross reference W322.b		
0014 0140 00	37(02-99) Previous Versions	Obsolete Event ID: CDI IS14		th. ID- 000056		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL LDING	LE CONSTRUCTION	(X3) DATE S COMPLI	
		09G056					C 1 <b>8/2008</b>
NAME OF F	ROVIDER OR SUPPLIER		<u>'</u>	132	ET ADDRESS, CITY, STATE, ZIP COU 21 EMERSON STREET NW ASHINGTON, DC 20011	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	2008, without sedat The podiatrist agair sedated." Review of evidence that the P November 10, 2008 approximately 5:20 sister's August consthen acknowledged an updated consent appointment, adding Ativan, just assume document that says proceed with that'  g. There was no evi had identified Client (implementing the E medical procedures physician's orders a sister when indicate working for the facil In summary, the facil In summary, the facil In summary, the facil eam failed to coord strategies that were meet the client's hea effectively.  This is a repeat defi	e podiatrist on November 10, tion and refused treatment. In wrote "Patient needs to be of his POs revealed no CP ordered sedation for the Bappointment. At PM, the QMRP stated that the sent form had expired. He that the facility had not sought to form for the November go "I would not give him the he needs sedation, I can he needs sedation, I can he he needs sedation, I can he written consent from the he do, etc.) since she began ity in September 2008.  It is gament to go the propriet of the property of the			W 322.f In the future, the fact shall ensure that contare valid thirty (30) of prior to the administ of sedation.  W 322.g Cross reference 104.1	sents lays ration	12.30.08
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: CPUS11		Facility	y ID: 09G056 If co	ontinuation sheet	Page 14 of 17

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE : COMPL	
		09G056	B. WING	· · · · · · · · · · · · · · · · · · ·	11/	C 18/2008
	PROVIDER OR SUPPLIER		13	EET ADDRESS, CITY, STATE, ZIP CODE 21 EMERSON STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 322	b. According to Clie report dated April 1 in his scalp. An x-recommended on J CAT scan of the sk but not performed. June 4, 2008 at 1:2 awaiting for consent that clarity of with o made prior to the C evidence that the adobtain the recommed. On July 24, 2008, the Correction that inclu "The nurses have be follow-up of medica RN will, on a weekly all medical records appointments are de 6/20/08, Client #2 www.sedation Client #2 on 6/17/08 but clien under sedation." Taindicated were 7/28, 483,470(I)(1) INFECT.	3) study dated December 20, h the LPN revealed that this d would be scheduled for June ent #2's nursing quarterly, 2008, the client had a nodule ay was conducted as anuary 28, 2008; however, a ull was also recommended, The RN during interview on 2 PM stated that "they were t." Also, the LPN indicated r without contrast had to be AT scan. There was no stempts had been made to ended testing.  The facility submitted a Plan of added the following:  The facility submitted a Plan of added the following:  The facility's respectively to ensure that medical one on a timely manner. On the staken to do his ALT but the is to follow-up under the staken to do his ALT but the isto follow-up under the staken to do his ALT but the isto follow-up under the staken to do his ALT but the isto follow-up arget completion dates (708 and 7/29/08, respectively. CTION CONTROL	W 455	W 322.g (a, b) These issues were residuring the first surve copies of the complet appointments were attached to the July 2008 plan of correctito DOH. However, please find attached a copy of the completed CT scan a copy of the needle bic requested by client # primary care physiciafter the CT scan was completed.	ey and ed 24, on sent e nd a opsy 2's an	07-28-04

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE COMPI	
			A. BUILDI B. WING			С
		09G056	B. WING		11/	18/2008
COMP (	PROVIDER OR SUPPLIER		ļ	REET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW WASHINGTON, DC 20011	<u>-</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 455	prevention, control, and communicable The finding includes On November 18, 2 pass was observed The LPN washed he then unlocked the mboxes (one large platox) of medications removed from the b Client #4's prescribe medications and/or supplements from boxed and handed the swallowed the pills, the LPN used a penadministration Record to the plastic bag and the bin. She called the kitchen and repet the other four clients observed using hands in between the administrations.  At approximately 5:3 that she had washed removing the medical results and communications.	on, the medication of failed to use active and investigation of infection diseases.  3:  008, the morning medication between 8:30 AM - 8:50 AM. or hands upon arrival. She nedication cabinet, carried 2 astic bin and a smaller metal into the kitchen. The LPN in a plastic bag that held of medications. She punched multi-vitamin/mineral lister packs into a medication cup to Client #4. After he followed with a cup of water, to document the client's Medication ard returned the blister packs diplaced the package back in for the next client to come to eated the same process with a At no time was she disanitizer or washing her e individual client  5 PM, the LPN confirmed ther hands once, prior to ations from the locked at the beginning of the.	W 455	W 455 The RN will hold qual meetings with the LPI discuss infection continues.  The focus of the next meeting will be to discritations in the Novem 2008 PoC and how to eliminate repeated deficiencies.	Ns to rol	12.30.08

STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G056	B. WI	NG			C <b>8/2008</b>
COMP C	PROVIDER OR SUPPLIER		- <b></b>	13:	EET ADDRESS, CITY, STATE, ZIP CODE 21 EMERSON STREET NW ASHINGTON, DC 20011		9/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 455	During the medication June 4, 2008, at wash her hands bet administrations. The beginning of the thirteen administratic clients.  On July 24, 2008, the Correction that including the nurse in focus infection control he individual medication contamination. The observe the LPNs of	e 12, 2008 Federal Deficiency e following:  on administration conducted 5:30 PM, the nurse failed to ween individual clients he nurse washed her hands at administration and after ons of medications to two he facility submitted a Plan of ided the following: has been in-service <sic> on and washing before and after in pass so as to prevent cross RN will on a quarterly basis during medication pass so as see." The target completion</sic>	<b>W</b>	455			
DRM CMS-256	7(02-99) Previous Versions C	Obsolete Event ID: CPUS11		Facility	y ID: 09G056 If contid	nuation sheet P	Page 17 of 17

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Health	Regulation Administr	ation				FORIV	IAPPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN B. WING		(X3) DATE S COMPL	ETED .
NAME OF	PROVIDER OR SUPPLIER	111 203 134	STREET AC	DRESS CITY S	STATE, ZIP CODE	11/1	18/2008
СОМРО			1321 EM	ERSON STRI	EET NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
1 000	INITIAL COMMEN	TS		1000			
	November 18, 2006 submitted by the far as the focus for this facility was providing five men with various original four sample with a third new resulting observations, interving the home, as well submitted by the findings of this observations, interving the home, as well submitted by the findings of this observations, interving the home, as well submitted by the findings of the findings of this observations, as well submitted by the following the findings of	y was conducted on 3. The Plan of Correctility on July 24, 2008 monitoring survey. It is disabilities. Two of ed residents were revisident added.  Survey were based of iews with staff and related, including incident	served The Ints for the ewed, sidents ent and				
1 002	3500.2 GENERAL F	PROVISIONS	į	1 002			
	Each GHMRP licens shall demonstrate the provisions of D. Title 6, Chapter 19 g	see and residence dir nat he or she understa C. Law 2-137, D.C. Co govern the care and ri ersons in addition to t	ands that ode, ghts of				
	Based on observation record review, the Grailed to ensure the particles in accordant the D.C. Code (form D.C. Code, Title 6, Code).	,	director and ter 13 of				
	The findings include  1. Cross-refer to Fe Citations W252 2 an	: deral Deficiency Rep d W322.3. The gove	ort -				
	body failed to establi	sh an internal quality					
		ensure that the Qua			1		
aith Regula	tion Administration	n-wi		<u> </u>	TITLE Ham. W	et.	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

CPUS11

If continuation sheet 1 of 14

Health F	Regulation Administra	ation				1 OKW	ALLKOVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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	monitored and coor residents' behavior and #2 had desens increase their tolera. There was no evide including the LPN C scheduling medical training on correct in programs.  It should be noted the evidence in both restacility attempted to recent medical approdocumenting implemented to establish an asystem to ensure the needed health care QMRP and LPN, and records, revealed the medical evaluations resident's interdiscip process by which the cooperation, beginn behavior intervention more restrictive strains sedation (with approximately services and not resident's medical in the facility's July 24, implemented to reach the facility is July 24, implemented to reach the facility	Professional (QMRF dinated the impleme support plans. Residitization plans develorance of medical apport plans, that a coordinator responsite appointments, had represented by the residents' records that use drugs to sedate bintments, without find mentation of their is.  41.3. The governing in internal quality assist at Resident #2 receives at Resident #2 receives revices. Interview of the resident he repeatedly refusant treatment. The blinary team had outline facility should elicit ing with less-intrusive in strategies, to the use tegies, such as drug priate physician's or in the resident's sister been implemented, a governing body failed ective strategies outled and maintain come changed and maintain come changed and maintain come.	ntation of dents #1 ped to intments. Il staff, ole for eccived d ented the them for st body urance wed with the ent's used ined a his ese of s for ders and the met. Dort - ed to ined in tion were	1002	I 002.1 Cross reference W 1 I 002.2 Cross reference W 1 I 002.3 Cross reference W 4	04.1	
	tion Administration						
TATE FORM	1		6	899 CF	PUS11	If continuat	ion sheet 2 of 14

PRINTED: 12/01/2008 Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-134 11/18/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW COMP CARE II WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1002 Continued From page 2 1002 with infection prevention and control standards. 1 058 3502.16 MEAL SERVICE / DINING AREAS 1058 A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that residents were evaluated by a nutritionist at least quarterly, for two of the three residents in the sample. (Residents #2 and #3) The findings include: On November 18, 2008, beginning at 1:53 PM, review of Resident #3's medical records revealed that his primary care physician (PCP) discontinued his prescribed Lithium Carbonate (300 mg every morning and 600 mg every evening), effective September 3, 2008, after the resident was diagnosed with renal disease. Further review of the chart failed to show evidence that the nutritionist had been informed of the change in the resident's condition.

Health Regulation Administration

At 4:30 PM, review of Resident #3's nutrition records revealed an annual evaluation dated January 3, 2008. On March 30, 2008, the nutritionist documented a 1st quarter nutrition update. The update reflected his ongoing therapeutic diet, including a finely chopped texture and low cholesterol foods to address elevated serum cholesterol levels. The report

STATE FORM

CPUS11

If continuation sheet 3 of 14

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB	CLIA (X2) MULT ER: A. BUILDIN B. WING	<del></del>	(X3) DATE S COMPL	
NAME OF F	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	TREET ADDRESS, CITY,	STATE, ZIP CODE		0,200
COMP C	AREII		1321 EMERSON STR VASHINGTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	ILL PREFIX ON) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
	At approximately 4: Resident #3's media the most recent nut 30, 2008. He indic conducted more reche and the LPN Coothe time, stated that there "several times further review of the evidence that the nut Resident #3 within the including since his conducted september, to deter changes might be in 2. Resident #2 was specialized diet. At #2's record revealed prepared an annual 2008 and a 1st quar 2008. There was no nutritionist had reviet the past 7 1/2 month. At approximately 5:4 the visitor's log book nutritionist had come	evated creatinine level  35 PM, the QMRP example and confirmed crition review was dated ated the nutritionist had been to entire the nutritionist had been to enter the nutritionist had been to example the nutritionist had been to example the nutritionist had evaluated the past 7 1/2 months, diagnosed renal disease the past 7 1/2 months, diagnosed renal	mined I that March I Both sent at en er, I e in ary libed a sident d 3, 0, nat the t within ed at	I 058 (1 & 2). Cross reference W	159.4	
-	Each bathroom that equipped with toilet t	IS AND BATHROOMS is used by residents shitssue, a paper towel are hand washing, a mirror	nall be			

STREET ADDRESS, CITY, STRIR. ZIP CODE  122 ZEMERS ON STREET NW WASHINGTON, DC 20011    PROVIDER'S PLAN OF CORRECTION (AST BE PROCEEDE BY PILL) (PREPIX TAG)		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A. BUILDING	LE CONSTRUCTION		SURVEY LETED
SIMMARY STATEMENT OF DETICIONES   THE PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PARK OF CORRECTION   PROVIDER'S PARK OF CORRECTION   PROVIDER'S PARK OF COR	NAME OF F	PROVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	1 1/	10/2000
REGULATION OR LSC IDENTIFYING INFORMATION)  1082  Continued From page 4  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to equip bathrooms with the necessary items for each resident's use.  The findings include:  1. On November 18, 2008, at 9:10 AM, there was no hand soap and no paper towels in the restroom in the basement. At approximately 12:25 PM, paper towels and hand soap were observed in that bathroom. During the Exit conference, at approximately 5:58 PM, the Qualified Mental Retardation Professional acknowledged the absence of towels and soap earlier in the day. He said he had observed the deficiency that morning and asked a maintenance person to bring supplies. This was achieved by 11:00 AM, thereby abating the deficiency.  2. On November 18, 2008, at 9:13 AM, there was no hand soap and no paper towels in the restroom on the main floor (adjacent to the kitchen). At approximately 12:25 PM, paper towels and hand soap were observed in that bathroom. A maintenance person had brought some supplies before 11:00 AM, thereby abating the deficiency.  3. On November 18, 2008, at 9:13 AM, there was no hand soap and no paper towels in the restroom on the main floor (adjacent to the kitchen). At approximately 12:25 PM, paper towels and hand soap were observed in that bathroom A maintenance person had brought some supplies before 11:00 AM, thereby abating the deficiency.  3. On November 18, 2008, at 9:13 AM, there were no paper cups in the cup holder located in the restroom on the main floor (adjacent to the kitchen). During the Exit conference, at approximately 5:58 PM, the Qualified Mental Retardation Professional acknowledged the absence of paper cups. He explained that the supply closet was locked and the only individual with a key (the House-Manager) was out on leave that day.	СОМРС	ARE II	·					
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with a key (the House Manager) was out on leave that day.	-	were no paper cups the restroom on the kitchen). During the approximately 5:58 I Retardation Profess absence of paper cu	in the cup holder loc main floor (adjacent Exit conference, at PM, the Qualified Me ional acknowledged to ups. He explained that	ated in to the ntal the at the			e at	
Mr. Do and Star Administrative		with a key (the Hous					37 P November 1	
atth Regulation Administration	alth Regula	tion Administration			<u> </u>			<u> </u>

Health F	Regulation Administra	ation				FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBCR:	(X2) MULT A. BUILDIN B. WING	TIPLE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF F	DROVIDED OD OUDDUIED	HFD03-134				11/1	18/2008
COMPC	PROVIDER OR SUPPLIER		1321 EM	DDRESS, CITY, ERSON STR GTON, DC 2	STATE, ZIP CODE EET NW 0011		
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	refused to cooperate She stated that the p was aware of the res	with medical profes	sionals. <del>n (PCP)</del>				
	lon Administration	,					<u></u>
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULTIF A. BUILDING B. WING		(X3) DATE : COMPL	
NAME OF F	ROVIDER OR SUPPLIER	·	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		10/2000
COMP C	ARE I I		1321 EME	RSON STRE	ET NW		
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I 401	had developed a wistated that she was surveyor to the QM that the QMRP and the LPN on the BSF strategies as outline there was no evider implemented the decoutlined in his BSP, 2008 recertification  3520.3 PROFESSIONS  Professional service and evaluation, includevelopmental level services, and service deterioration or furth resident.  This Statute is not reached and general medical timely appointments three residents in the #3)  The findings include  1. Cross-refer to 10 secure an updated in Resident #3 was dia	ked whether the psycritten desensitization is unsure and she reference in the plan. In additional the plan the pla	plan, she erred this vidence trained dization dition, and res June 12,  IERAL diagnosis fent ent ent y the resure to of the s #2 and led to not after disease	1 229	DEFICIENCY		
i	nformation for Resid	to ensure that the re dent #3 was made av	quired				
t	o specialists as reco	ommended.					

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-134 11/18/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW COMP CARE II WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1401 Continued From page 7 1401 On November 18, 2008, at approximately 4:50 PM, review of Resident #3's medical records revealed a consultation form, dated August 27, 2008, on which the urologist had written "Per note: see lab work attached but no lab work seen." [Note: The client had been seen by a nephrologist in May 2008.1 This is a repeat deficiency. \*\*\*\*\*\* Previously, in the June 12, 2008 Federal Deficiency Report, the facility was cited for failure to forward the findings/results of "liver function tests. Hepatitis screening and CAT scan of abdomen - renal cyst" to a gastro-intestinal specialist on May 27, 2008. The G-I specialist had written that the evaluation could not proceed without the information. Similarly, on February 19, 2008, the G-I specialist had indicated that the client could not be assessed due to "old laboratory studies." I 401.1, 2. On July 24, 2008, the facility submitted a Plan of Cross reference W 322.2 Correction indicating that as of July 1, 2008, the facility had "put in place a flow sheet which will be used to track laboratory results and recommendations by other clinicians..." 3. The facility's medical team failed to implement Resident #2's behavior support plan (BSP), and therefore failed to meet the resident's medical needs. On November 18, 2008, at 9:01 AM, the Qualified

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Mental Retardation Professional (QMRP) stated that Resident #2's mother and sister previously had been reluctant to authorize invasive medical

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING _		(X3) DATE S COMPL	
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	2007, however, the signing consents for Beginning at 4:40 P medical records revision cooperate with lab to attempts to obtain a resident's record do refusing to cooperate The psychologist de Plan (BSP), dated Nothis need. The BSF cooperate with a varincluding but not lime 2007, January 30, 2 the podiatrist on Nothis desensitization strate and recommended if desensitization means agitation during these the QMRP stated the used if there were 3 implement the desermination during the continued review of records revealed the a. Resident #1's records implement the BSF (November 12, 2007) Since that time, how documented attempts strategies as outlined b. Resident #2 was	r the resident's mother sister had been amendar various procedures.  PM, review of Resider vealed that he refused technicians on numer a blood sample. The boumented a long his te with medical profest eveloped a Behavior shovember 8, 2007, to be cited the resident's riety of medical profest to labs on January of the use of sedation if the use of sedation if the sures did not "decrease procedures." At 5: at sedation would on documented attempositization plan and the necessary of the sensitization plan and the following:  Resident #2's medical profest following:  The resident #2's medical profest following:  The resident #2's medical profest following:  The resident following is the profest following:  The resident following is the profest following is the pro	enable to  Int #2's d to rous  tory of his ssionals. Support address refusal to essionals, ary 18, 07, and outlined operation the ase 00 PM, ly be ts to ne al e attempt an are).	1 401	I 401.a Cross reference W		
İ	hypothyroidism, for w <del>Synthroid: On July 7</del>	vhich he was prescrib	oed was	···	■14-01		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MULTIE	PLE CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COMPLETED		
		HFD03-134				11/	18/2008	
COMP CAI	OVIDER OR SUPPLIER		1321 EME	DRESS, CITY, S RSON STRE TON, DC 20				
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n E o " s 2 re b th d in s the for N h la c. de co w pre as w Q are s o d. da re	new medications as well as Calcium and Vitamin D to his daily regimen. The endocrinologist ordered a complete metabolic panel, and wrote "Please go for your lab work now." Consultation sheets documented that on July 17, 2008, July 24, 2008 and August 6, 2008, the resident refused to cooperate with attempts to obtain a blood sample. There was no evidence, however, that the facility had implemented the desensitization measures outlined in his BSP, including since the June 12, 2008 recertification survey.  It should be noted that on July 7, 2007, the endocrinologist wanted Resident #2 scheduled for a follow-up appointment in 6 months. As of November 18, 2008, the recommended lab work had not been achieved, and there were no future lab visits scheduled to date.  c. At 4:53 PM, the facility's LPN, who was designated to schedule medical appointments, confirmed that Resident #2 refused to cooperate with medical professionals. She stated that the primary care physician (PCP) was aware of the resident's history of refusals. However, when asked whether the psychologist had developed a written desensitization plan, she stated that she was unsure and she referred this surveyor to the QMRP. There was no evidence that the QMRP and/or psychologist had trained the LPN on the BSP and/or the desensitization strategies as outlined in the plan.  d. At 5:02 PM, the QMRP stated that in a letter dated June 24, 2006, the mother and sister had refused to authorize invasive procedures. Review of the letter, however, revealed that it was specific to a request (denied) to perform a colonoscopy. Further review of correspondences		I 401	I 401.3b Client # 2 was taken to complete lab work on 12/15/08 but did not comply. Please see attached.  The facility will attempt do labs one more time before sedation is considered.  I 401. 3c Cross reference W104.1		12.30.0		
sp	ecific to a request	(denied) to perform:	9					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-134		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF F	PROVIDER OR SUPPLIER	_ <del></del>	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	11/18/2008	
COMP C	ARE II		1321 EME	ERSON STRE STON, DC 20	ET NW		
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	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		I 401	I 401. 3e The last consent was signed on August 14, 2008. The home had to conduct three more attempts before requesting consent for sedation.  Client # 2 was taken to complete lab work on 12/15/08 but did not comply. Please see attached.  The facility will attempt to do labs one more time before sedation is considered.  I 401. 3f In the future, the facility shall ensure that consents are valid thirty (30) days prior to the administration of sedation.	12.30.08		

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	IENT OF DEFICIENCIES AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-134		ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		— COMPL	(X3) DATE SURVEY COMPLETED	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE	11/1	8/2008	
COMP C			1321 EME	RSON STRE	ET NW			
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	documented that the appointment; therefore administered. The podiatrist on Novem sedation and refuse again wrote "Patien Review of his POs in PCP ordered sedation appointment. At appointment, and expired. It is form had expired. It is form for the Novembould not give him to that I have the documentation of the theorem. I can proceed the form medical prophysician's orders and identified Residual needs (implementing plan for medical prophysician's orders and sister when indicated working for the facility of	the podiatrist cancelle fore, the Ativan was resident returned to ober 10, 2008, without treatment. The pot needs to be sedated revealed no evidence for the November proximately 5:20 PM he sister's August could be a composite then acknowledge fought an updated cought and updated with that"  Idence that the faciliant ent #2's ongoing, ungo the BSP/ desensition cedures, seeking apond written consent for the course of the cought in September 200 will the cought in September 200 will the cought in the coug	not the ut odiatrist ed." e that the r 10, 2008 I, the onsent ding "I me Now eeds  ty's RN met zation propriate om the gan 8. dical the #2's needs	I 401				
S	According to Restudies reviewed Juren Administration	ident #2's medical la ne 4, 2008 at 10:00 /	Noratory NM, it			N		

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING		DATE SURVEY COMPLETED		
		HFD03-134				11/18/2008		
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1 500	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  was noted by the primary care physician to repeat an elevated ALT (73) study dated December 20, 2007. Interview with the LPN revealed that this was overlooked and would be scheduled for June 5, 2008.  b. According to Resident #2's nursing quarterly report dated April 1, 2008, the resident had a nodule in his scalp. An x-ray was conducted as recommended on January 28, 2008; however, a CAT scan of the skull was also recommended, but not performed. The RN during interview on June 4, 2008 at 1:22 PM stated that "they were awaiting for consent." Also, the LPN indicated that clarity of with or without contrast had to be made prior to the CAT scan. There was no evidence that the attempts had been made to obtain the recommended testing.  On July 24, 2008, the facility submitted a Plan of Correction that included the following: "The nurses have been in-serviced on timely follow-up of medical appointments The facility's RN will, on a weekly basis or as needed, review all medical records to ensure that medical appointments are done on a timely manner. On 6/20/08, Resident #2 was taken to do his ALT but was uncooperative. He is to follow-up under sedation Resident #2's CAT scan was attempted on 6/17/08 but resident refused He is to follow-up under sedation." Target completion dates indicated were 7/28/08 and 7/29/08, respectively.		nber 20, nat this for June larterly ad a cted as rever, a ended, iew on y were cated to be no de to Plan of nely facility's review I er. On ALT but der in the is pletion	I 401	I 401. 6b These issues were resolved during the first survey and copies of the completed appointments were attached to the July 24, 2008 plan of correction sent to DOH. However, please find attached a copy of the completed CT scan and a copy of the needle biopsy requested by client #2's primary care physician after the CT scan was completed.	07.29.1		

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If continuation sheet 14 of 1

AND PLAN OF CORRECTION  (XI) PROVIDERSUPPLEIXCIA DENTIFICATION NUMBER:  MFD03-134  NAME OF PROVIDER OR SUPPLIER  COMP CARE II  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICENCY MASS INCRESCED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFET TAGS  I SOUNMARY STATEMENT OF DEPICIENCIES (EACH DEPICENCY MASS INCRESCED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  I 5001  Continued From page 13 laws.  This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to beserve and protect residents' rights in accordance with Title 7, Chapter 13 of the D. C. Code (Tomerly called D. C. Law 2-137, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation.  The fracility failed to protect residents' rights to receive prompt and adequate medical attention [Title 7, Chapter 13, § 7-1305.05(g), formerly \$6-1986(g)], as follows:  1. Cross-refer to 1058. The GHMRP failed to enlist the services of the Nutritionist consultant after Resident #2 was diagnosed with kidney disease, to ensure that his dietary needs were met.  2. Cross-refer to 1041.3. The facility's QMRP and medical team failed to coordinate and implement the strategies that were cullined in Resident #2's plan, to meet the resident's health care needs timely and effectively.	AND PLAN OF CORRECTION  WAS DENTRICATION NUMBER: HFD03-134  NAME OF PROVIDER OR SUPPLIER  COMP CARE II  SUMMARY STATEMENT OF DEFICIENCIES PRESENT OR PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES PRESENT OR PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES PRESENT OR PROVIDER'S PLAN OF CORRECTION OR LOCATION OR LOCATION SHOULD BE CAGO TO THE APPROPRIATE DATE  TAG  I 500  Continued From page 13  I 500  Continued From page 13  I aws.  I 1500  This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to observe and protect residents rights in accordance with Title 7.  Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation.  The findings include:  The facility failed to protect residents' rights to receive prompt and adequate medical attention [Title 7, Chapter 13, § 7-1305.05(g), formerly § 6-1965(g)], as follows:  1. Cross-refer to 1058. The GHMRP failed to enlist the services of the Nutritionist consultant after Resident #3 was diagnosed with kidney disease, to ensure that his dietary needs were met.  2. Cross-refer to 1041.3. The facility's QMRP and medical team failed to coordinate and implement the strategies that were outlined in Resident #2's plan, to meet the resident's heath	<u>Health</u>	Regulation Administr	ration_				PRINTE FORI	D: 12/01/20 M APPROVE
NAME OF PROVIDER OR SUPPLIER  COMP CARE II  STREET ADDRESS, CITY, STATE, ZIP CODE  1321 EMERSON STREET NW WASHINGTON, DC 20011  (X4) ID PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION)  I 500 Continued From page 13  Iaws.  This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation.  The findings include:  The facility failed to protect residents' rights to receive prompt and adequate medical attention [Title 7, Chapter 13, § 7-1305.05(g), formerly \$\circ\$ 6-1965(g)], as follows:  1. Cross-refer to 1058. The GHMRP failed to enlist the services of the Nutritionist consultant after Resident #3 was diagnosed with kidney disease, to ensure that his dietary needs were met.  2. Cross-refer to 1041.3. The facility's QMRP and medical team failed to coordinate and implement the strategies that were outlined in Resident #25 plan, to meet the resident's health	NAME OF PROVIDER OR SUPPLIER  COMP CARE ! 1  SUMMARY STATEMENT OF DEFICIENCES (CITY, STATE, ZIP CODE 1321 EMERSON STREET NW WASHINGTON, DC 20011  (X4) ID (X4)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDII			
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